

New England Horse Labs

A division of Mass Histology Service, Inc.

www.nehorselabs.com

Phone: (800) 392-5588

FAX: (866) 554-4554

CEM TEST REQUEST FORM

Mare Test mare Stallion

Import Export

Horse's name: _____ Horse State ID#: _____ Registration #: _____ Age: _____ Breed: _____ Sex: _____	Owner's name: _____ Address: _____ _____ Telephone #: _____ Fax #: _____
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	Please check appropriate day						
	<input type="checkbox"/> Day 1	<input type="checkbox"/> Day 3	<input type="checkbox"/> Day 4	<input type="checkbox"/> Day 6	<input type="checkbox"/> Day 7	<input type="checkbox"/> Day 9	Samples Taken
Check samples being sent:	<input type="checkbox"/> Clitoral fossa	<input type="checkbox"/> Clitoral sinus	<input type="checkbox"/> Cervix				Date: _____
	<input type="checkbox"/> Prepuce	<input type="checkbox"/> Urethral sinus	<input type="checkbox"/> Fossa glandis				Time: _____
Samples must be transported ON ICE in Amies transport media and be plated within 48 hours							
Submitted by:	CEM facility:			LAB USE ONLY			
_____	_____			CEM #:			
_____	_____			Received:			
FAX: _____	FAX: _____			Inoculated:			
_____				By:			
_____				Signed out:			
_____				By:			
Veterinarian							